hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents P. O. Box 1450, Alexandria, VA 22313-1450 on this 15th day of April 2004

Ву	(Signature of person mailing) Irene Grantham		
	(Typed or printed name of	person)	
	IN THE UNITED STATES PATENT ANI	O TRA	ADEMARK OFFICE
	E APPLICATION OF: KIMBERLY O. CAMERON, ET AL.	- :	
APPL	ICATION NO.: 10/666,811	:	Examiner: To Be Assigned  Group Art Unit: 1645
FILIN	NG DATE: SEPTEMBER 17, 2003	:	croup the cine. 1013
TITLI	E: ACYCLIC AMIDE AND SULFONAMIDE	:	

LIGANDS FOR THE ESTROGEN RECEPTOR

Hon. Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## SUBMISSION OF CORRECTED APPLICATION DATA SHEET

Applicants wish to clarify, that the present application claims priority from U.S. provisional patent application number 60/412,338, which was filed on September 20, 2002. Enclosed is a new application data sheet reflecting the correct filing date of the priority application.

Respectfully submitted,

Date: IS APRIL 2004

Pfizer Inc.

Patent Department, MS 8260-1611

Eastern Point Road Groton, CT 06340 (860) 715-6645

John A. Wichtowski Attorney for Applicant(s) Registration No. 48,032

## **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Title::

Acyclic Amide And Sulfonamide Ligands For The

Estrogen Receptor

Attorney Docket Number::

PC11816A

## **Inventor Information**

Inventor Authority Type::

**INVENTOR** 

Primary Citizenship Country::

US

Given Name::

Kimberly O.

Family Name::

Cameron

City of Residence::

East Lyme

State or Prov of Residence::

CT

Country of Residence::

USA

Street::

Winchester Court North

City::

East Lyme

State or Province::

CT

Postal or Zip Code::

06333

Inventor Authority Type::

**INVENTOR** 

Primary Citizenship Country::

US

Given Name::

Richard

Family Name::

Chesworth

City of Residence::

Mystic

State or Prov of Residence::

Country of Residence::

CT USA

Street::

Linda Avenue

City::

Mystic

State or Province::

CT

06355

Postal or Zip Code::

**Correspondence Information** 

Correspondence Customer Number::

28523

**Representative Information** 

Representative Customer Number::

28523

**Assignee Information** 

Assignee Name::

Pfizer Inc

**Domestic Priority Information** 

Application::

**Continuity Type::** 

Parent Application::

Parent Filing Date::

This application

Non Prov of Prov

60/412,338

09/20/2002